

MULTIPLE DEPENDENT CLAIM SHEET
(FOR USE WITH PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS					
IND.	DEP.	IND.	DEP.	IND.	DEP.	*		*		*	
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TOTAL IND.											
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BEST AVAILABLE COPY

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS